

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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(09/06/2000 16:18)

1. NAME OF COMMITTEE (in full) Friends of Bennie Thompson		2. FEC IDENTIFICATION NUMBER C00270851
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 100 P.O. Box 100		
CITY, STATE, and ZIP CODE Bolton MS 39041-	STATE / DISTRICT MS / 2	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ Twelfth day report preceding General (election type)
election on _____ in the State of _____
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election
- ☒ January 31 Year End Report on _____ in the State of _____
- ☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination report

This report contains activity for ☐ Primary election ☐ General election ☐ Runoff election ☐ Special election

SUMMARY

5. Covering period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
07/01/1999 through 12/31/1999		
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(e))	90759.93	147396.84
(b) Total Contribution Refunds (from line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	89759.93	148396.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	38417.71	57578.28
(b) Total Offsets to Operating Expenditures (from line 14)	328.47	867.17
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	38089.24	56712.11
8. Cash on Hand at Close of Reporting Period (from line 27)	275589.51	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer
Reuben V. Anderson

Signature of Treasurer

Date
09/06/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(revised 4/87)